



Non-Clinical Requirements Validation Form

Name		License Number
Activity & Hours		Date
		Signature, Title & Agency
a. Law Enforcement Agency		
<input type="checkbox"/> Ride Along <ul style="list-style-type: none"> • Attend shift briefing • Ride with officer experienced in sexual assault investigation <input type="checkbox"/> Case Review <ul style="list-style-type: none"> • Assigned to detective who investigates sexual assaults • Review investigation that has been completed, presented to grand jury 		
b. Criminal Court Observation		
Type of Case:		
Judge:		
c. District Attorney's Office Observation		
County: _____ DA: _____ Possible activities: <ul style="list-style-type: none"> • Discussion of charging decisions • Observe part of a trial 		
d. Victim Services Observation		
<input type="checkbox"/> County Victim Assistance Program Possible goals: <ul style="list-style-type: none"> • Review role of CVAP • Review role of victim advocate • Review victim's rights 		
and/or:		
<input type="checkbox"/> Non-Profit Victim Services Program Possible goals: <ul style="list-style-type: none"> • Review role of and philosophy of program • Review role of non-profit victim advocate • Review victim's rights 		
e. Crime Lab Tour and Orientation		
Crime Lab Tour and Orientation		
Recommended/Optional Activities		
SART Meeting – length of one meeting		
<input type="checkbox"/> County SART <input type="checkbox"/> Other:		